Supplemental Instruction Consent Form

Professor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

YES, I consent to have SI for my \_\_\_\_\_\_\_\_\_\_ course during the \_\_\_\_\_\_\_\_\_\_ semester.

NO, I decline SI for my \_\_\_\_\_\_\_\_ course during the \_\_\_\_\_\_\_\_\_\_\_ semester.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Preferred method of contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(contact number or e-mail address)

# Textbook Adoption

If you know the author and title of the primary text you plan to use for the \_\_\_\_\_\_\_\_\_\_, please indicate below.

Title Edition Author

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SI Leader Candidate(s) Recommendation**

To ensure the strongest pool of qualified applicants, we rely on your recommendations. In making recommendations please consider the student’s class load, family life, work schedule, interpersonal skills and academic ability. Excellent SI Leaders are academically successful, responsible students who relate well with both faculty and peers. *(Please print or type)*

Student Name Student ID # Phone # (if known)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Return through campus mail: Fold and staple form so that return address is visible)

**Return to: Maggie Floyd, MPA**

**Director Supplemental Instruction**

**Tomás Rivera Center for Student Success**

**Main Campus – MS 1.02.02**

Fold & Staple